

UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

Oil & Solvent Process Company
1704 West First Street
Azusa, CA 97102

AREA CODE/PHONE NUMBER

Tel 818 334-5117

STATE ID NUMBER

83436819

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

TRANSPORTER NO. 1

Oil & Solvent Process Company
1704 West First Street
Azusa, Ca 91702

VEH/CONTAINER NO

EPA ID NUMBER

CA 01 08 130 2 9 0 3

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO

EPA ID NUMBER

42574 CA 01 08 130 2 9 03

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

Omega Chemical Company
12504 W. Whittier Blvd
Whittier, Ca 90602

AREA CODE/PHONE NUMBER

Tel 213 698-0991

EPA ID NUMBER

CA 00 4 2 2 45 0 01

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO TYPE

WASTE
CAT NO

DISP
METH

Hazardous Waste Liquid N.O.S. ORM-E

NA 911819

125 7 16

G

150 DM

211

91

COMPONENTS

CONC RANGE
UPPER LOWER

UNITS
% PPM

Trichlorotrifluoroethane

98

94

X

Methanol / Ethanol

2

0

X

Water / Dirt / Oil

2

0

X

SPECIAL HANDLING INSTRUCTIONS

Gloves & Goggles

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

Betty Peckham / Betty Peckham

MO

DAY

YR

5

8

84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

Jim Hartman / Jim Hartman

DATE
REC'D
&
ACCEPTED

MO

DAY

YR

15

15

84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO

DAY

YR

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

Printed or typed full name and signature

Jim Hartman / Jim Hartman

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO

DAY

YR

05

09

84

TSD SENDS THIS COPY TO DOHS WITHIN 15 DAYS